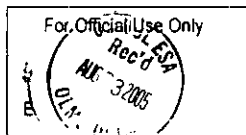


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



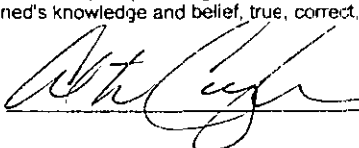
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 15952	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Alton Cunningham P.O. Box, Bldg., Room No., if any P.O. Box 1923 Street 1930 N. 13th Street City Paducah State Kentucky ZIP Code + 4 42002-1923	4. Name, file number, and address of labor organization. Name IUPAT District Council 91 Labor Organization File Number 542-404 P.O. Box, Building and Room Number, if any Street 409 Millner Industrial Drive City Evansville State Indiana ZIP Code + 4 47710
5. Position in labor organization. Business Representative/Organizer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 8-12-2005 Date	270-441-7697 Telephone Number

Name of Person Filing Alton Cunningham	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Construction Industry Health and Welfare Pla</p> <p>Trade Name, if any: for Kentucky Painters Group</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 333 W. Vine Street, Suite 500</p> <p>City Lexington</p> <p>State Kentucky ZIP Code + 4 40507</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Trustee Reimbursement for attendance at February 4, 2004 and November 10, 2004 Committee Meetings.</p>
	<p>11.b. Approximate dollar value of such dealing. \$383</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Reimbursement for mileage expense at .375 per mile to attend February 2004 and November 2004 Committee Meetings.</p>
	<p>12.b. Amount. \$383</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>



International Union of Painters and Allied Trades, AFL-CIO, CLC
District Council 91

Painters Local Union 500

1930 North 13th Street, Paducah, KY 42002
tel: 270-441-7697 * fax: 270-441-7697

INDIANA • ILLINOIS • KENTUCKY • TENNESSEE

Alton Cunningham, Business Representative/Organizer

INDIANA

PLU # 47 - INDIANAPOLIS
317-546-5638

♦
PLU #80 - LAFAYETTE
765-477-7848

♦
PLU #156 - EVANSVILLE
812-425-4414

♦
PLU #197 - TERRE HAUTE
812-232-1644

♦
PLU #460 - NW INDIANA
219-947-0420

♦
PLU #469 - FORT WAYNE
260-484-7924

♦
PLU #669 - ANDERSON
765-378-5242

♦
PLU #1118 - SOUTH BEND
574-287-8200

♦
GLU #1165 - IN, KY, IL

EVANSVILLE
812-962-0652

FORT WAYNE
260-484-7924

GARY
219-947-0420

INDIANAPOLIS
317-542-7617

SOUTH BEND
574-287-8200

KENTUCKY

PLU # 118 - LOUISVILLE
502-366-2233

♦
PLU # 500 - PADUCAH
270-441-7697

TENNESSEE

PGLU # 456 - NASHVILLE
615-255-7863

August 15, 2005

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, DC 20210

RE: Form LM-30 (1/1/04 – 12/31/04)

To Whom It May Concern:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. I am a first-time filer and was unaware of the filing requirements until recently; some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Sincerely yours,

Alton Cunningham
Business Representative/Organizer
Painters Local Union 500/District Council 91

CERTIFIED MAIL # 7004 2890 0002 3567 2892

